Newport-Mesa Unified School District

Threat Assessment & Intervention Manual
This handbook was drafted in order to provide all site-level mental health professionals and related services personnel with a resource to provide standardized and validated treatment and intervention protocols to students who are at-risk for suicide or related threats.

The goal of this handbook is to provide you with a systematic method for dealing with such referrals and to provide you with the confidence you need to make high-stakes decisions about how to intervene in these student’s lives.

Enclosed you will find screening and documentation forms that are to be utilized whenever a student is referred to you due to suicide related concerns. Once completed, these documents are not to be placed in the student’s cumulative file. They are for your confidential records and to be stored in your confidential working file.

If you have any questions about how to intervene with students who are at-risk for threat-related behaviors, please do not hesitate to contact your site school psychologist.

Suicide and self-harm are a significant concern at all school sites. It is believed that the adoption of these materials will help to make our campuses a safer place.

This protocol manual is a compilation of procedural documents from both the Los Angeles Unified School District as well as the Murrieta Valley Unified School District as well as trainings from Richard Lieberman of LMU.

Ryan McGill, Ed.S., BCBA
NMUSD School Psychologist
Credentialed School Suicide Prevention Specialist
October, 2012
Threat Protocol

- Student is referred to mental health professional. If an available counselor or school psychologist is unavailable, referral should be given to an available administrator or designee, or other designated school staff member.

- Once student is contacted **do not leave the student unsupervised until a threat assessment is completed.**

- Contact administrator/designee to inform them that threat assessment is in progress.

- Contact another counselor or school psychologist to inform them that a threat assessment is occurring.

- The counselor or psychologist assesses student to determine risk level.

- Consult with another counselor or psychologist to verify risk.

- Contact parent/guardian and document assessment.

- Follow recommendations for risk level.

- Complete risk forms and document that a risk assessment was completed in AERIES.

- File a CPS report if necessary.

- Complete follow up procedure(s).

- If student is receiving special education or related services, and IEP meeting or staffing should be conducted to determine follow-up procedures and documentation of incident.
NMUSD Threat Assessment Risk Form – Confidential

Referral Date: ___________________________   Time: ___________________________

Student’s Name: ___________________________________________   Age: ___________________________

Parent/Guardian: ___________________________________________   Phone: ___________________________

Middle/High Grade: ___________________________   Ethnicity: ___________________________

Person completing TARF: ___________________________   Title: ___________________________

Name of Person you Collaborated with: ___________________________________________

Student Referred by:

- Self
- Parent
- Teacher
- Counselor
- Other: ________________

Previous TARF: ________   Yes ________ No ________

Reasons for Referral:

- Direct threat to self: ________________   To others: ________________
- Indirect threat to self: ________________   To others: ________________
- Sudden changes in behavior: ________________   Signs of depression: ________________
- Previous attempt(s): ________________   Truancy/running away: ________________
- Giving away possessions: ________________   Frequent complaints of illness: ________________
- Mood Swings: ________________   Alcohol or drug use: ________________
- Self-injurious behavior: ________________   Other: ________________

Threat Level Determination: Level 1 ________ Level 2 ________ Level 3 ________

Reasoning:

Intervention:

- Parent/Guardian contact date/time: ________________
- Resources provided to parent/guardian including: ________________
- Outside referral made: ________________
- Child abuse report filed. Name of social worker and report #: ________________
- Referred to SRO. Name of Officer: ________________
- Hospitalization or PET team: ________________
- School-based counseling: ________________
- Program modification: ________________
- Other: ________________

School Psychologist ___________________________   Date: ___________________________

Site Administrator ___________________________   Date: ___________________________
Threat Risk Levels

**Risk Level 1**
Thoughts of suicide or harm to others, but no previous attempts, no plan. Student may demonstrate inconsistent signs of depression, direct or indirect threats, change in personality, evidence of thoughts of self-harm or harm to others in written work, or obsession with macabre.

**Risk Level 2**
Suicidal or homicidal thoughts with a possible plan but no means. Student may demonstrate destructive behavior or threats. Other risk factors include: previous attempts, recent suicide or death among family and/or friends, presence of depression, changes in medications or life circumstances, etc. Student’s plan may be disorganized or not well thought out. Student may engage in a consistent pattern or self-harm that is highly ritualized.

**Risk Level 3**
Thoughts of suicide or homicide with a plan and means to carry out plan. Student cannot commit to safety and may have: previous attempts, presence of risk factors, lack of support system, etc. Risk to student or others appears imminent and student has an organized plan and intentions. Students who have a less organized plan and/or thought pattern may be bumped to level 3 if there are significant risk factors present.

**Note**
- Presence of risk factors may increase Risk Level
- Access to lethal means with no commitment to safety automatically means they are to be considered a Level 3.
- Always consult with another mental health professional and administrator before determining course of intervention.
- Never leave student unsupervised once they have been referred.
- No harm contracts are not to be used in isolation. Additional interventions are needed to support a student with high risk (e.g. providing referrals, contact with family, safety planning, counseling support, etc).
- The risk levels are designed to help you make decisions; they are not absolute measures of threat levels.
Questions to ask when assessing threat risk in students

Ask the following questions when completing a threat assessment to determine student’s risk level. Make sure to assess whether or not student has thoughts of harm to self or others, history of thoughts or attempts, a plan to carry out threat, and/or means to carry out threat.

Checked boxes indicate risk level:

**Risk Level 1**

☐ Has the student thought about suicide or harm to others? Specifically ask the student if the student has had thoughts of hurting or killing themselves or others.

**Risk Level 2**

☐ Has the student tried to hurt themselves or anyone else before? If so, ask about when, how, and whether or not student received professional support after. Ask about additional risk factors such as drug and/or alcohol use, personal relationships, familial concerns, etc.

**Risk Level 3**

☐ Does the student have a plan to harm him/herself or others?
☐ How is the student planning to harm self or others and do they have access to the means to carry out threat?
**Threat Screening Questions**

**Current Situation:** On a scale of 1 to 10, 1 being as bad as it has ever been, and 10 being as good as it has ever been, how would you rate your life right now? Ask what is going on in their life that makes them feel that particular number. Determine current stressors, home, school, family, etc.

**Somatic Questions:** Have you had or are you having any recent health concerns? Are you taking any kind of medication now or have you in the past? If so, what medications? Have you ever been hospitalized? If so, for what?

**Reality Check:** Determine how aware the student is with present time and space. Can they keep up a train of thought? Are they disoriented? You may ask questions like how long have you lived in (insert town). What time is it right now? How old are you? This is standard procedure in a mental status exam.

**Drug Use:** Determine drug use or alcohol use. Determine frequency, last use, etc. If a student is positive in this area, get as much information as possible. Drug use is a major risk factor for suicide. Note if the student is currently under the influence.

**Emotional:** Have you ever felt depressed or very sad for a couple of weeks or more? Do you feel lonely or empty inside? How about recently? Do you ever think the world would be a better place without you in it? Do you feel as if nobody loves you? Do you feel like there is no way that anything is going to get better? Do you feel like you are in control of your life right now? Where do you see yourself in 10 years? Probe for loss of interest in activities. Determine specifically if student has any psychiatric diagnosis. Such diagnosis are a major risk factor separating those that attempt from those that merely ideate.

**Behavior:** Determine coping mechanisms. How do you deal with stress or anger? Have you ever attempted suicide? If so, when and how? Ask about high risk behaviors such as self-injury, acting out, etc. Determine change in behavior patterns (sleeping, eating, and concentrating). You are specifically looking for irrational thinking and problem solving skills.

**History:** Any information that would be relevant to a student’s behavioral, cognitive, or emotional state. Consider major life traumas, living situation. History of loved one or friend committing suicide. History of abuse, etc.

It is important that you do a thorough interview with the student in order to determine risk level. If student becomes noncompliant or combative or is unable to answer these questions you should refer them to the SRO or CAT team to determine if they need to be hospitalized.
RISK LEVEL INTERVENTIONS AND FOLLOW UP
Do not leave student unsupervised

Level 1
- Consult with another professional and administrator
- Contact parent/guardian and give resources
- Complete Student Agreement Plan with student
- Document assessment
- Monitor student for the rest of the day after contacting parents
- Hold parent conference within 24 hours
- May elect to have parent take custody of student
- Conduct ongoing informal check ins with student to monitor behavior
- Consider Tier I counseling support
- Document in AERIES that a Threat Assessment was completed

Level 2
- Consult with another professional and administrator
- Complete Student Agreement Plan with student
- Complete Protective Contract with student
- Complete Student Safety Plan with student and communicate plan to school staff, as appropriate
- Contact parent to provide resources and information
- Parent needs to sign Threat Prevention Notification form
- Attempt to have parent take immediate custody
- Student is supervised and monitored for the rest of the day and only released into parent custody
- Hold parent conference within 24 hours
- Complete follow up with student when they return to school
- Have administrator present at meeting and handoff
- Mandatory 2 week monitoring or student upon return, as document in Student Safety Plan
- Consider Tier I or Tier II Counseling support, consult with PSS and notify IEP team
- Document in AERIES that a Threat Assessment was completed

Level 3
- Contact parent/guardian for immediate custody
- Parent needs to sign Threat Prevention Notification form
- Provide parent/guardian resources and information about emergency services and therapeutic support
- Contact SRO and or call the county CAT team if parent is unresponsive or if student behavior is immediate threat to safety
- Complete follow up with student when they return to school and complete Student Safety Plan with student and communicate plan to school staff, as appropriate
- Complete Student Agreement Plan with student when he/she returns to school
- Mandatory monitoring for several weeks upon return
- Consider Tier 2 counseling support, consult with PSS and notify IEP team
- Document in AERIES that a Threat Assessment was completed

Provide SRO with all obtained information in a cohesive and timely manner. They will utilize your information to make a determination if a 5150 is needed.
Warning Disclaimer:

No harm contracts should never be used in isolation

School officials are held to the reasonable standard test which means that you need to think about how a reasonable person would interpret the information that you have available to you in making a decision about how to intervene with a particular student. Always error on the side of caution. However this does not mean that every student should be considered Risk Level 3 just for being referred nor should the CAT be called for all students who have ideations.

School officials are subject to civil liability if they fail to meet this standard of care.

A formal follow-up plan may not be required for all students, discretion is given to school teams in making that determination. A follow-up plan or procedures should always be implemented for a student who attempts suicide to transition them back to the school setting.

If a student ideates as a form of ritualized behavior (e.g., autism), a TARF should be completed the first time the behavior occurs. Subsequent TARFs should only be completed if it is determined that the student has an elevated level of risk that has not been previously documented. Interventions should be targeted and documented to remediate the maladaptive behavior.

Whenever a threat assessment is conducted, that student is at some level of risk.

Additional Notes:

Popular Myths About Suicide and Other High Risk Behaviors

- Giving away possessions is a key marker of suicidal behavior
- Notification is indicative of low risk
- Students who commit suicide are always depressed
- Bringing up suicide will make the student think more about it
- Suicide only happens when kids have a messed up home life
- Harm contracts work in isolation
- We don’t have the ability to intervene at school
- Risk is over after the initial referral
- Students determined to be at level risk do not attempt suicide

Risk Factors for Threat-Related Behavior

- Drug or alcohol use
- Family member or close friend who has committed suicide
- History of previous attempts
- Mental health diagnosis
- Poor coping skills
- Low self-efficacy
- Low resiliency and/or social connections
- Extreme stressors
Support is also available through the NMUSD Psychological Support Services Department for all students and families attending schools within the district. PSS Staff can assist school site staff in completing Threat Assessment or providing resources for support to the student and family.

For additional information about services that are available through PSS contact your site psychologist or PSS at

Psychological Support Services
BESST Center
2045 Meyer Pl., Building D
Costa Mesa, CA. 92627
(949) 515-6738

Protective Contract

I, __________________________, promise to not engage in any behavior that will or may cause bodily injury to myself or others. Should I have any thoughts or feelings
about hurting or myself, I promise to contact one or all of the people listed on this contract. These individuals include:

1. 
   Name ___________________________ Number ___________________________ Location ___________________________

2. 
   Name ___________________________ Number ___________________________ Location ___________________________

3. 
   Name ___________________________ Number ___________________________ Location ___________________________

4. 
   Name ___________________________ Number ___________________________ Location ___________________________

IF NONE OF THE ABOVE ADULTS ARE AVAILABLE TO CONTACT THEN I WILL CALL 911 AND ASK THE DISPATCH OFFICER TO CONDUCT A WELFARE CHECK TO KEEP ME SAFE.

Student Signature __________________________________________

School Counselor/School Psychologist Signature ___________________________

Parent Signature __________________________________________

Suicide hotline : 1-800-Suicide (1-800-784-2433)
Newport-Mesa Unified School District

Threat Prevention Notification

I have been informed that the school has serious concerns about my child, ________________________, and his/her expressed desire to harm themself or others.

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me pursuant to Education Code Section 49602(c) regarding a matter involving my child’s safety and that professional counseling and/or mental health support is recommended to begin immediately.

- Referrals for an evaluation for threat risk potential have been given to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child.

  Or

- Referrals to local counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain professional psychological services for my child. Psychological Support Services are also available through the district if needed.

I understand that I may request a follow up meeting with school officials, that includes me and my child upon their return to school.

By signing the above, I also give consent to the district to contact outside mental health and/or medical providers for the purposes of treatment planning at school for a period not to exceed one school year.

Parent/Guardian Signature ___________________________________________ Date __________________________

School Staff Signature ____________________________________________
Newport-Mesa Unified School District
Student Safety Plan

Student Name: ___________________________ Staff Name: ___________________________
Parent Name: ___________________________ Date: ___________________________

**Current Interventions**

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<thead>
<tr>
<th>Social Worker</th>
<th>Probation</th>
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<td>Name:</td>
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<thead>
<tr>
<th>Therapy</th>
<th>Academic Intervention</th>
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<td>Name:</td>
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<tr>
<td>Agency:</td>
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<tr>
<th>Medical</th>
<th>Other Support</th>
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<td>Type:</td>
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List of Medications Prescribed (times per day and dosage):

On-site counseling services (services and provider):

The purpose of this plan is to build the student’s support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in a time of need. It is recommend that a minimum of three staff members be identified for contact for a minimum of two weeks and that the plan is re-evaluated after the initial two week period.

For the next two weeks ___________________ will check in with the following people:

<table>
<thead>
<tr>
<th>Name</th>
<th>How often</th>
<th>When</th>
<th>Where</th>
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<tbody>
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The following individual will be responsible for monitoring these contacts and their outcome(s):

__________________________________________

Date and time for next meeting:

__________________________________________

If the student is unable to follow the plan the following will occur:

__________________________________________

__________________________________________

Comments:
Student Agreement Plan

Name: __________________________________________ Date: ________________________

If I experience any of the following thoughts, feelings or self-injurious behaviors:

Feelings                      Thoughts                      Behaviors
__________________________________  ____________________________________  ____________________________________
__________________________________  ____________________________________  ____________________________________
__________________________________  ____________________________________  ____________________________________
__________________________________  ____________________________________  ____________________________________
__________________________________  ____________________________________  ____________________________________

Or any event that causes excessive stress, I will follow this plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student Signature: ____________________________________________________________
Staff Signature: _______________________________________________________________
## Orange County Referrals List

### Crisis
- **Suicide hotline**: (877) CRISIS or (877) 727-4747
- **CAT Team**: (866) 830-6011
- **Youth Evaluations (0-17)- ETS**: (714) 834-6900
- **NAMI Warmline**: (877) 910-WARM or (877) 910-9276
- **Spanish Suicide Hotline**: (800) SUICIDA or (800) 784-2432
- **Trevor Line (LGBTIQ)**: (866) 488-7386
- **211 Info Link Line**: 211

### Children and Youth Mental Health
- **CYS (psych evals non-medical)**: 1200 N. Main St. Ste 500 Santa Ana, 92701 (714) 480-6600
- **WYS (Medical only)**: 1666 N. Main St. Santa Ana, 92701 (714) 704-5900
- **CSP Families First (CYS contract)**: 2130 E. 4<sup>th</sup> St. Ste 150, Santa Ana, 92701 (714) 558-3801
- **OC Crew (youth with psychosis)**: 792 W. Town &Country Bldg. E Orange, 92868 (714) 480-5100
- **OC Mental Health Clinic**: 3115 Redhill Ave Costa Mesa, 92627 (714) 850-8408

### Counseling
- **Hoag Community Health**: 307 Placentia Ste. 100B Newport Beach, 92663 (949) 764-6542
- **Providence Community Services**: 2183 Fairview Rd. Ste. 100 CM, CA 92627 (949) 515-5440
- **Turning Point Center for Families**: 2101 W. 4<sup>th</sup> Street Ste. 150-SA Santa Ana, 92705 (714) 547-8111
- **Human Options**: 1920 E. Warner Ave. Santa Ana, 92705 (949) 757-3635
- **Living Success Center**: 445 17<sup>th</sup> St. Ste D Costa Mesa, 92627 (949) 645-4723
- **Diamond Family Counseling**: 4000 Birch St. Ste 203 Newport Beach, 92660 (949) 466-5176
- **OC ACCEPT (LGBTIQ)**: 600 W. Santa Ana Blvd. # 510 Santa Ana, 92701 (714) 667-5620
- **Chapman University Community Clinic**: 1 University Dr. Orange, CA 92886 (714) 997-6746
- **Mariposa Counseling Center**: 812 West Town & Country Orange, 92868 (714) 547-6494
- **Child Guidance Center**: 525 N. Cabrillo Park Dr. Ste 300 SA, 92701 (714) 953-4455

### Family Resource Centers
- **SOCFRC**: 23832 Rockfield Blvd. # 270 Lake Forest, 92630 (949) 364-0500
- **Minnie St. FRC**: 1300 E. McFadden Ave Santa Ana, 92705 (714) 972-5775
- **Corbin FRC**: 2215 E. McFadden Ave Santa Ana, 92704 (714) 480-3737
- **Oak View FRC**: 17261 Oak Lane HB, 92647 (714) 842-4002

### Emergency Housing
- **Illumination Foundation**: 2691 Richter Ave, Ste 107 Irvine, 92606 (949) 273-0555
- **Laurel House Teen Shelter**: PO Box 3182 Tustin, 92781 (714) 832-0207
- **Laguna Beach Teen Shelter**: private location (714) 842-6660

### Health
- **HOPE Clinic (NMUSD)**: BESST Cntr. 2045 Meyer Pl. Costa Mesa, 92627 (949) 515-6725
- **Latino Health Access**: 450 W. 4<sup>th</sup> St Suite 130 Santa Ana, 91745 (714) 542-7792
- **Children’s Health Initiative**: 1505 E. 17<sup>th</sup> St. Ste 121 Santa Ana, 92705 (714) 619-4050
- **Share Ourselves (SOS)**: 1550 Superior Ave Costa Mesa, 92627 (949) 270-2100
Emergency Evaluation Centers

OCMH Emergency Centralized Assessment Team
(866) 830-6011

CYS County Clinics - Costa Mesa Service Area
3115 Redhill Ave. 92626 (714) 850-8408

College Hospital
301 Victoria St. Costa Mesa
(949) 642-2734

For therapeutic referrals see attached “Orange County Referrals List”